

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Fair Share Alliance

Full Name (Last, First, Middle Initial) of Payee Cassandra McKee		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 218 D Street SE Suite 205		Amount 19.23 Transaction ID : F57.4232
City Washington	State DC	
Zip Code 20003		
Purpose of Expenditure staff time on endorsement	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: AMERISH BERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Cassandra McKee		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 218 D Street SE Suite 205		Amount 19.23 Transaction ID : F57.4233
City Washington	State DC	
Zip Code 20003		
Purpose of Expenditure staff time on endorsement	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JULIA BROWNLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Cassandra McKee		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 218 D Street SE Suite 205		Amount 19.23 Transaction ID : F57.4234
City Washington	State DC	
Zip Code 20003		
Purpose of Expenditure staff time on endorsement	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LOIS CAPPS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

57.69

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ➤
(carry total from last page forward to Line 7)